

MASS TRANS - ALLOCATION REQUEST

Allocation Amount (this request): \$0

Full or Partial Allocation: _____

AB 872 Reimbursement Allocation: _____

CTC Meeting Date (Month / Year): _____

District Contact / Phone #: _____

Headquarters Contact / Phone #: _____

Project Title: _____

FUNDING PROGRAM: _____ RIP _____ IIP _____ P116 _____ TCI

Table I: Recipient Information

Recipient Agency: _____	Legislative District Numbers
Recipient (if different from above): _____	Senate: _____
CT District / County: _____	Assembly: _____

Table II: Current Request by Component

PA & ED:	\$0
PS&E:	\$0
R/W:	\$0
Construction:	\$0
Vehicle Purchase / Rolling Stock:	\$0
TOTAL	\$0

Table III: Project Specific Information

Bond Certification Request To HQ Budgets (Date): _____
HQ Budgets Approval of State Only Funds (Date): _____
Environmental Compliance (Type / Date): _____
Anticipated 3rd Party Contract Award (Date): _____
Anticipated Completion (Date): _____
Hazardous Waste Indemnification (Reso # / Date): _____
Federal Transit Administration (FTA) Grant #: _____

Table IV: Project Funding Summary (Current Request)

Expenditure Authorization (EA) Number:				
PPNO Number:				
STIP Programmed Amount:				
STIP Programmed Year:				
RIP/IIP Funds - State Highway Account (SHA)				
RIP/IIP Funds - State Administered Federal (STP)				
RIP/IIP Funds - Public Transportation Account (PTA)				
Proposition 116 Programmed Amount:				
Public Utility Code (PUC) Ref. #				
Project Approval (PA) #, Date, Amt. (Note concurrent PA if applicable)				
Other:				

Table V: Detail of Funding Sources

	Prior	Current	Future	Total
STATE				
State Highway Account (SHA)	\$ -	\$ -	\$ -	\$ -
State Administered Federal (STP)	\$ -	\$ -	\$ -	\$ -
Public Transportation Account (PTA)	\$ -	\$ -	\$ -	\$ -
Proposition 116	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -
Subtotal STATE Funds	\$ -	\$ -	\$ -	\$ -
LOCAL Funds	\$ -	\$ -	\$ -	\$ -
LOCAL FEDERAL Funds (i.e. RSTP, CMAQ, 5309....)	\$ -	\$ -	\$ -	\$ -
TOTAL PROJECT COST	\$ -	\$ -	\$ -	\$ -